State of Delaware
Senior Center Grant-in-Aid Application
2013
Office of the Controller General

Senior Center Name: _____

Date of Incorporation: _____

Federal Employer ID
Number: _____

Name of Respondent: _____

Title: _____

Address: _____

          _____

Daytime Telephone: _____

Fax Number: _____

E-mail Address: _____

Website Address
(if applicable):   _____

Please return application no later than **March 1, 2012**, to:

Office of the Controller General
P.O. Box 1401
Dover, Delaware 19903
D580A

The application is also available on our website at:

www.legis.state.de.us/GIA
(password: fifty)

If you have questions about how to complete this form, please contact
Lori Christiansen, Grant-in-Aid Coordinator, at 302-744-4200 *or*
Eric Jacobson, University of Delaware, at 302-831-1711.

State of Delaware
Senior Center Grant-in-Aid-Application
2013

Instructions

Attached is the 2013 Senior Center Grant-in-Aid Application. To receive Grant-in-Aid funding consideration, a senior center must complete all sections of the application and return it to the Office of the Controller General no later than **March 1, 2012**. The application consists of the following four sections:

Section 1: (p. 3)   **Senior Center Agreement**
Section 2: (p. 4)   **Board of Directors and Officer Information Worksheet**
Section 3: (p. 5)   **Audit Information and Staff Salary Worksheet**
  - 3A: Audit Information
  - 3B: Staff Salary Worksheet
Section 4: (p. 6)   **Narrative Section**
  - 4A: Community
  - 4B: Program Planning
  - 4C: Evaluation
  - 4D: Supplemental Questionnaire
Section 5: (p. 10) **Program Area Questionnaire**

Please remember that all sections of the application must be completed.

If you have questions about how to complete any of the sections of the Grant-in-Aid application, please contact Lori Christiansen at 302-744-4200 *or* Eric Jacobson, University of Delaware, at 302-831-1711.

Section 1: Senior Center Agreement

AGENCY: _____

Name of Senior Center: _____

Directions: Please carefully READ and INITIAL EACH of the following statements with which you agree.

I agree…

1. To submit funding requests on the forms provided at the times designated and participate in the allocations review process.

2. To provide a recent certified audit and other financial statements, service figures and reports or audits as required by the state of Delaware. <u>The audit must have been issued within the last three years.</u>

3. To cooperate with other organizations, both voluntary and public, in responding to the needs of the community and promoting high standards of efficiency and effectiveness.

4. To submit quarterly financial reports and/or the required annual report within the specified time periods.

5. To submit accurate information with this application. NOTE: <u>Any misstatement of facts may forfeit any remaining balance of grants due and/or future grants.</u>

6. That this agency meets the criteria established and uses any Grant-in-Aid appropriated by the General Assembly in accordance with those provisions and any additional restrictions that may be set forth in the Grant-in-Aid legislation.

This agreement has been read and approved at the meeting of the governing body of this agency.

DATE: _____

AGENCY: _____

BY: _____
(President or Chairman)

_____
(Executive Director)

Reminder: Please carefully READ and INITIAL EACH of the aforementioned statements with which you agree.

Section 2: Board of Directors and Officers Information

Name of Senior Center: _____

Board of Directors

Please list in the following spaces, the names of individuals comprising the senior center's Board of Directors and their phone numbers. **On a separate attachment, please list the Board of Directors with their names, mailing addresses, and e-mail addresses**.

1. Name:
   Phone number:
	2. Name:
	   Phone number:

3. Name:
   Phone number:
	4. Name:
	   Phone number:

5. Name:
   Phone number:
	6. Name:
	   Phone number:

7. Name:
   Phone number:
	8. Name:
	   Phone number:

9. Name:
   Phone number:
	10. Name:
	   Phone number:

Officers

Please identify in the space below the names of the senior center officers and their phone numbers. On a separate attachment, please list the officers with their names, mailing addresses, and e-mail addresses.

1. Name:
   Phone number:
	2. Name:
	   Phone number:

3. Name:
   Phone number:
	4. Name:
	   Phone number:

5. Name:
   Phone number:
	6. Name:
	   Phone number:

7. Name:
   Phone number:
	8. Name:
	   Phone number:

Section 3: Audit Information and Staff Salary Worksheet

Name of Senior Center: _____

3A. Audit Information

Please include a copy of your agency's audit completed by either a Certified Public Accountant or a Public Accountant. <u>The audit must have been issued within the last three years.</u> A revenue and disbursement schedule for your agency must also accompany your application.

3B. Staff Salary Worksheet

Position Title	Number of Positions	Full-Time Equivalent (Full-Time 1.0, Half-Time 0.5, Quarter-Time 0.25)	Last Year Salary	Current Salary	Proposed Salary
Totals					

What percentage of your agency's total budget do salaries comprise? _____

Section 4: Narrative Section

Name of Senior Center: _____

4A. Community

This narrative section of your Grant-in-Aid request should reflect how your agency serves as a focal point in the community. You might address your center's efforts in providing public information, community education and advocacy for seniors. In the space provided please answer the following questions. If you need additional space, please feel free to include your answers on a separate sheet of paper.

1. **Briefly describe how your center is addressing the needs and interests of varying types of senior participants, such as baby boomers and older seniors. Please include strategies used for reaching out to individuals not currently participating in center activities.**

2. **Briefly describe some of the services and activities that your center offers through coordination with other centers or community agencies.**

Section 4: Narrative Section

Name of Senior Center: _____

4B. Program Planning

This narrative section of your Grant-in-Aid request should reflect your agency's program-planning efforts. In the space provided, please answer the following questions. If you need additional space, please feel free to include your answers on a separate sheet of paper.

1. **Briefly explain any external factors that have affected your center's daily operations in the past two years (for example: availability of public transportation and/or volunteers, demographic changes, budget constraints and/or shifts in funding from outside sources, other organizations providing similar services, etc.).**

2. **Describe your center's plan for program/service enhancements over the next two years.**

Section 4: Narrative Section

Name of Senior Center: _____

4C. Evaluation

This narrative section of your Grant-in-Aid request should reflect your agency's efforts in measuring accomplishments and uncovering program and/or operational problems. In the space provided, please answer the following questions. If you need additional space, please feel free to include your answers on a separate sheet of paper.

1. **Describe any methods of assessing whether the services you offer address the needs and interests of your seniors (for example: performance and results measures, participant satisfaction surveys, etc.).**

2. **Describe what role budget and fiscal management play, if any, in your agency's efforts to measure accomplishments and uncover program or operational problems.**

Section 4: Narrative Section

Name of Senior Center: _____

4D. Supplemental Questionnaire

1. **Please estimate the percentage of participants at your center who are in the following age groups:**

    _____% 50-54 years of age

    _____% 55-64 years of age

    _____% 65-74 years of age

    _____% 75-84 years of age

    _____% 85 years of age and over

2. **What method(s) and documentation do you use to record your center's daily attendance?**

Section 5: Program Area Questionnaire

Name of Senior Center: _____

Included in this section are the following:

- Questionnaire Instructions

- Questionnaire Charts for Nine Program Areas:

1) Transportation	4) Health, Wellness, and Support Services	7) Educational Enrichment
2) Nutrition	5) Physical Fitness	8) Outreach & Reference
3) Social & Recreational	6) Aquatics	9) Adult Day Care

Questionnaire Overview

To learn more about programs offered at Delaware's senior centers and to ensure more equitable funding, the Office of the Controller General has combined the *Senior Center Grant-in-Aid Application* with the survey previously conducted by the University of Delaware's Institute for Public Administration.

Please remember that interviewers from the University of Delaware will be visiting each center every other year. These interviewers are professionals and/or faculty from the Institute for Public Administration (IPA) at the University of Delaware. For more information about the Institute for Public Administration, please visit the website at *www.ipa.udel.edu*.

The purpose of this visit will be to verify the information reported on this questionnaire as well as to gain additional insight into the types of activities and services offered. **The interviewers will be carefully reviewing the information contained in your application, including any supporting documentation, and evaluating the services offered by your center.**

To receive consideration for Grant-in-Aid funding, all senior centers are required to complete the attached questionnaire and return to the Office of the Controller General, P.O. Box 1401, Dover, DE 19903, no later than **March 1, 2012.**

It is very important to keep the following points in mind as you complete the program questionnaire:

- Include any available **supporting documentation** as indicated under each service or program area. **When attaching required supporting documents to your application, make sure to clearly label them with the name of the program area to which they refer**. This information will help IPA to better understand the programs offered at each center.
- Refer to the **Instructions** provided on the following pages, as well as to those under each service or program heading, to assist in the completion of the questionnaire.
- Review *Addendum A: **Program Area Criteria & Descriptions*** (**yellow** document) and *Addendum B: **Frequency Codes & Categories*** (**blue** document) that are included in your application packet.

Section 5: Program Area Questionnaire

Name of Senior Center: _____

Instructions

To complete Section 5 of the application, please refer to *Addendum A: **Program Area Criteria & Descriptions*** (**yellow** document). Also, please carefully review the following:

Column 1: Activity or Service. List of activities or services your senior center currently offers.

Column 2: Frequency. Indicate the Frequency Code (F1, F2, F3, F4, F5, F6) that represents the Frequency Category of each service offered (*see Examples A-F below*).

Frequency Category	1-2 times per week	3 or more times per week
Less than 12 weeks per year	**F 1**	**F 2**
12-29 weeks per year	**F 3**	**F 4**
30 or more weeks per year	**F 5**	**F 6**

Example (A): Service A is offered Monday through Friday daily (5 times per week, 30+ weeks per year). Therefore, the Frequency Code is **F6**.

Example (B): Activity B is offered twice a week for ten 10 months (1-2 times per week, 30+ weeks per year). Therefore, the Frequency Code is **F5**.

Example (C): Activity C is offered three times a week from November to March (3 times per week, 12-29 weeks per year). Therefore, the Frequency Code is **F4**.

Example (D): Program D is offered twice a week for six weeks starting in February. The six-week program is offered a second time each year starting in September. The program, consequently, is offered a total of 12 weeks each year (1-2 times per week, 12-29 weeks per year). Therefore, the Frequency Code is **F3**.

Example (E): Service E is offered Mondays, Tuesdays, and Fridays during July and August (3 times per week, less than 12 weeks per year). Therefore, the Frequency Code is **F2**.

STATE OF DELAWARE
Senior Center Grant-in-Aid Application 2013

Example (F): Service F is offered for two days in November (1-2 times per week for less than 12 weeks per year). Therefore, the Frequency Code is **F1**.

Column 3: Estimated Daily Average Attendance. Estimate the daily average number of program participants for the activities or service in Column 1.

Note: This chart can also be found in *Addendum B: Frequency Codes & Categories* (**blue** document).

Program Area 1: Transportation
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

<div style="border:1px solid black">

PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must offer transportation to and from the center at least twice a day during regularly scheduled hours. A fully licensed driver must be available for all transports.**

</div>

Frequency: Please insert the Frequency Code (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. Please refer to *Addendum A: Program Area Criteria & Descriptions* (**yellow** document) and *Addendum B: Frequency Codes & Categories* (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. To and From Center		
2. Shopping Trips		
3. Recreational and Cultural Trips		
4. Medical Appointments		
5. Other		
6. Other		

<div style="border:1px solid black">

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box below):

☐ Transportation schedule
☐ Evidence of a vehicle (e.g., van or bus registration, driver's license)

</div>

Program Area 2: Nutrition
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

PROGRAM REQUIREMENTS**: In order to receive credit for this program area, a senior center must provide at least one daily congregate meal for its members during regularly scheduled hours.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: *Program Area Criteria & Descriptions* (**yellow** document) & *Addendum B*: *Frequency Codes & Categories* (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Lunch (Congregate)		
2. Breakfast (Congregate)		
3. Dinner (Congregate)		
4. Weekend (Congregate)		
5. Snacks		
6. Meals on Wheels		
7. Meal Supplement		
8. Bag Meals		
9. Other		
10. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box below):

☐ Menu schedule (two will suffice)

Program Area 3: Social & Recreational
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

> PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must provide daily social or recreational activities for its members during regularly scheduled hours.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: ***Program Area Criteria & Descriptions*** (**yellow** document) & *Addendum B*: ***Frequency Codes & Categories*** (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Bingo		
2. Card Games		
3. Arts and Crafts		
4. Shuffleboard		
5. Informal Walking Groups		
6. Billiards		
7. Singles Club		
8. Parties		
9. Other		
10. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box below):

☐ Social and recreational program descriptions
☐ Schedule of programs offered

Program Area 4: Health, Wellness & Support Services
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must offer a minimum of two Health, Wellness and Support Services or Programs per month. Programs may be facilitated by a paid staff or volunteer with the educational or job experience needed to support the emotional health of individuals.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: *Program Area Criteria & Descriptions* (**yellow** document) & *Addendum B*: *Frequency Codes & Categories* (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Prescription Pick-Up		
2. Health Monitoring / Counseling		
3. Crisis and Emergency Assistance		
4. Nutrition Counseling		
5. Personal Care / Hygiene		
6. Medication Management		

7. Support Groups
    a. Alzheimer's
    b. Diabetes
    c. Other		

8. Health Talks/Lectures		
9. Flu Shots		
10. Other		
11. Other		

Did You Remember to Include…?
In order to better assess credit for this program area, please provide the following supporting documents (please check box AND initial below):

☐ Schedule of health and wellness programs and/or support groups
☐ Staff resumes that reflect related experience to the programs offered

Program Area 5: Physical Fitness
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

> PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must provide access to physical fitness services and/or a fitness center during the hours of operation of the center. A fitness center should be located in a separate and designated area. A certified physical fitness trainer should be available a minimum of five hours per week.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: ***Program Area Criteria & Descriptions*** (**yellow** document) & *Addendum B*: ***Frequency Codes & Categories*** (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Fitness Center*		
2. Modified Exercise & Weight Training*		
3. Aerobics*		
4. Chair Exercises*		
5. Yoga*		
6. Tai Chi*		
7. Walking (Structured Program)		
8. Line Dancing		
9. Organized Athletics		
10. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box below):

- ☐ Sample fitness plans
- ☐ Written safety rules of fitness center
- ☐ Schedule of fitness classes or training sessions
- ☐ *Documents that reflect staff certification requirements (e.g., resumes)

Program Area 6: Aquatics
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must offer either access to an on-site pool *or* provide transportation to a pool at least once a week. A certified lifeguard must be present during hours of operation, and a certified instructor must teach all aquatics classes.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: ***Program Area Criteria & Descriptions*** (**yellow** document) & *Addendum B*: ***Frequency Codes & Categories*** (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Water Aerobics		
2. Arthritis Aquatics Program		
3. Deep-Water Exercise Class		
4. Certification Programs		
5. Leisure Swim		
6. Other		
7. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box below):

☐　Schedule of aquatics classes
☐　Schedule of pool hours
☐　Proof of transportation to and from pool, if off-site
☐　Contract or method of cooperation with local pool, if off-site

Program Area 7: Educational Enrichment
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must offer Educational Enrichment classes at a minimum of one time per week for 30 weeks per year.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: *Program Area Criteria & Descriptions* (**yellow** document) & *Addendum B*: *Frequency Codes & Categories* (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Computer Classes		
2. Instructor Led Discussion Groups		
3. Nutrition Education		
4. Consumer Information Classes		
5. Fine Art		
6. Languages		
7. Woodworking/Shop		
8. Gardening		
9. Driving Course		
10. Other		
11. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box AND initial below):

☐ Schedule of enrichment activities or services offered
☐ Descriptive program or education plans
☐ Documents that reflect staff certification requirements (e.g., resumes)

Program Area 8: Outreach & Reference
2013 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center must provide Outreach or Reference Services at least once a week and provide staff with defined responsibilities for coordinating outreach services.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: *Program Area Criteria & Descriptions* (**yellow** document) & *Addendum B*: *Frequency Codes & Categories* (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Information & Referral		
2. Employment Services		
3. Income Supplement		
4. Notary		
5. Discount Services		
6. Income Tax Counseling		
7. Legal Counseling		
8. Other		
9. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box below):

☐ Schedule of services offered
☐ Pamphlets or descriptive brochures

Program Area 9: Adult Day Care
2012 Senior Center Program Area Questionnaire

Name of Senior Center: _____

Please initial below to verify the accuracy of the information presented on this page.

_____ **(Initial here)**

PROGRAM REQUIREMENTS: **In order to receive credit for this program area, a senior center's adult day care program must be licensed by the Delaware Department of Health and Social Services (DHSS) and maintain compliance with all state regulations for adult day care centers. The adult day care facility should be located in a separate and designated area of the senior center.**

Frequency: Please insert the FREQUENCY CODE (F1, F2, F3, F4, F5, F6) that represents your center's Frequency Category of each activity or service listed below. **Please refer to** *Addendum A*: ***Program Area Criteria & Descriptions*** (**yellow** document) & *Addendum B*: ***Frequency Codes & Categories*** (**blue** document).

Activity or Service (Column 1)	Frequency (Column 2)	Estimated Daily Average Attendance (Column 3)
1. Nutrition Program		
2. Social Program		
3. Outreach Program		
4. Health & Wellness Program		
5. Other		
6. Other		

Did You Remember to Include…?

In order to better assess credit for this program area, please provide the following supporting documents (please check box AND initial below):

☐ License from the Delaware Department of Health and Social Services (DHSS)

Section 5: Program Area Questionnaire

Name of Senior Center: _____

Follow-Up Questions:

1. **Did you add any activities in the rows labeled "other" for any of the nine program areas listed in the Section 5? If so, please describe these areas below.**

2. **Are any of the activities or services offered at your center intergenerational (for example: activities or services that you marked under any of the nine program areas listed on pages 13-21)? If so, please describe in the space below.**

3. **Did you mark any activities or services under Program Area 8: Outreach & Reference (Section 5, page 20)? If so, please identify who maintains primary responsibility of coordinating these activities/services.**

Thank you for completing the 2013 Delaware Senior Center Grant-in-Aid application.
Please review each page for accuracy and completeness before submitting.
If you have any questions, contact:

Lori Christiansen
Grant-in-Aid Coordinator
302-744-4200

or

Eric Jacobson
University of Delaware
302-831-1711

Please return the application no later than **March 1, 2012**, to:

Office of the Controller General
P.O. Box 1401
Dover, Delaware 19903